

**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) **17-50309**☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 11, 2017****X /s/ Scott Madison**

Signature of individual signing on behalf of debtor

**Scott Madison**

Printed name

**Managing Member**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>2,420,000.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>12,909,089.00</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>15,329,089.00</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>1,936,392.00</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>59,360.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>12,361,982.00</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>14,357,734.00</b>





Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (If known) **17-50309****Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <b>Various items</b>	<b>\$58,102.00</b>	<b>Depreciation 7yr</b>	<b>\$58,102.00</b>
40.	<b>Office fixtures</b> <b>Router assets</b>	<b>\$245,628.00</b>	<b>Deprecia. 5 yr</b>	<b>\$245,628.00</b>
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Hardware/software and misc.</b>	<b>\$38,057.00</b>	<b>Depreciation 5yr</b>	<b>\$38,057.00</b>
	<b>Navigator SAP Accounting System</b>	<b>\$244,781.00</b>	<b>Depreciation 5yr</b>	<b>\$244,781.00</b>
42.	<b>Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
43.	<b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			<b>\$586,568.00</b>
44.	<b>Is a depreciation schedule available for any of the property listed in Part 7?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	<b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<b>2013 BMW, Series 7501 XG</b>	<b>\$102,208.00</b>	<b>Depreciation 5yr</b>	<b>\$30,932.00</b>
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			

Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (If known) **17-50309**49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$30,932.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1. **Commercial building at 3700 Barron Way, Reno, Nevada****Nature and extent of debtor's interest in property**

Fee simple

**Net book value of debtor's interest (Where available)**

\$0.00

**Valuation method used for current value**

Appraisal

**Current value of debtor's interest**

\$2,420,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$2,420,000.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
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- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
**Aptus Telecom LLC / Talk South, Inc., Case No. 02-15-0002-8033**  

<b>Nature of claim</b>	<u><b>Litigation</b></u>	
<b>Amount requested</b>	<u><b>\$3,000,000.00</b></u>	<u><b>\$0.00</b></u>

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**  
Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (If known) **17-50309****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$37,833.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$12,253,352.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$404.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$586,568.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$30,932.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$2,420,000.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$12,909,089.00</b>	<b>\$2,420,000.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$15,329,089.00</b>



**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>JP Morgan Chase</b> Creditor's Name <b>Chase Auto Loan</b> <b>PO Box 78068</b> <b>Phoenix, AZ 85062-8068</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>2013</b> Last 4 digits of account number <b>0607</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>2013 BMW, Series 7501 XG</b>  Describe the lien <b>Vehicle loan</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$30,392.00</b>	<b>\$30,932.00</b>

<b>2.2</b>	<b>Western Alliance Bank</b> Creditor's Name <b>2701 E. Camelback Road</b> <b>#120</b> <b>Phoenix, AZ 85016</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>2914</b> Last 4 digits of account number <b>5004</b> Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien <b>Commercial building at 3700 Barron Way, Reno, Nevada</b>  Describe the lien <b>First Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$1,906,000.00</b>	<b>\$2,420,000.00</b>
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Name

☒ No☐ Contingent☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$1,936,392.0**  
**0****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity**Western Alliance Bank**  
**5335 Kietzke Lane**  
**Reno, NV 89511**Line **2.2**

**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>California Franchise Tax Board</b> <b>P.O. Box 942840</b> <b>Sacramento, CA 94240-0040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$800.00</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Carolyn Elizabeth Griffith</b> <b>122 Dove Haven Lane</b> <b>Hendersonville, NC 28791</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$34,157.00</b>	<b>\$12,850.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>IRU Commissions</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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2.3	Priority creditor's name and mailing address <b>DataTel 360, Inc.</b> <b>1200 Abernathy Rd.</b> <b>Ste. 1700</b> <b>Atlanta, GA 30328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1.00</b>	<b>\$1.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Commissions</b>		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>LAM Technology</b> <b>1751 River Run</b> <b>Ste. 300</b> <b>Fort Worth, TX 76107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1.00</b>	<b>\$1.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Commissions</b>		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Larry Cantrell</b> <b>10 Pendleton Cove</b> <b>Little Rock, AR 72211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16.00</b>	<b>\$16.00</b>
Date or dates debt was incurred		Basis for the claim: <b>IRU Commissions</b>		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>Mitch Breedlove</b> <b>1962 Gracewood Dr.</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,492.00</b>	<b>\$5,492.00</b>
Date or dates debt was incurred		Basis for the claim: <b>IRU Commissions</b>		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address <b>Quin Rescigno</b> <b>RX3 Communications</b> <b>PO Box 17295</b> <b>Reno, NV 89511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Commissions</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address <b>Sandra Kluger</b> <b>7028 Surrey Dr.</b> <b>Woodstock, GA 30189</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$38.00</b>	<b>\$38.00</b>
Date or dates debt was incurred		Basis for the claim: <b>IRU Commissions</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address <b>Texas Franchise Tax Board</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Taxes</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address <b>Thomas Coffman</b> <b>10129 Waterstone Way</b> <b>McKinney, TX 75070</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,322.00</b>	<b>\$7,322.00</b>
Date or dates debt was incurred		Basis for the claim: <b>IRU Commissions</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **NETWORK SERVICES SOLUTIONS, LLC**

Case number (if known)

**17-50309**

2.11 Priority creditor's name and mailing address

**Tim Yager  
908 Coving Dr.  
Lawrence, KS 66049**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☒ Unliquidated☐ Disputed**\$5,492.00****\$5,492.00**

Date or dates debt was incurred

Basis for the claim:

**IRU Commissions**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.12 Priority creditor's name and mailing address

**Travis Smith  
4801 Villa Vera Drive  
Arlington, TX 76017**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☒ Unliquidated☐ Disputed**\$6,039.00****\$6,039.00**

Date or dates debt was incurred

Basis for the claim:

**IRU Commissions**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.13 Priority creditor's name and mailing address

**Trifecta Telecom  
291 N. Hubbards Ln.  
Ste. 172-170  
Louisville, KY 40207**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☒ Unliquidated☐ Disputed**\$1.00****\$1.00**

Date or dates debt was incurred

Basis for the claim:

**Commissions**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

**ACC Communications  
PO Box 105306  
Atlanta, GA 30348-5306**As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☒ Unliquidated☐ Disputed**Amount of claim****\$540,737.00**

Date(s) debt was incurred \_

Last 4 digits of account number \_

Basis for the claim: **Settlement, early termination fees, trade debt**Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

**Ada Community Library - Star Branch  
10706 W. State  
Ste. D  
Star, ID 83669**As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**\$4,000.00**

Date(s) debt was incurred \_

Last 4 digits of account number \_

Basis for the claim: **Customer credit**Is the claim subject to offset? ☒ No ☐ Yes

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3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ADCOM Solutions</b> <b>PO Box 587</b> <b>Norcross, GA 30071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$785.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ADP</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Payroll service fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 0001</b> <b>Los Angeles, CA 90096</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4006</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card purchases and payments of carrier invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$638,960.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>American Telesis</b> <b>PO Box 6659</b> <b>Hilton Head Island, SC 29938</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221,326.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Anson General Hospital</b> <b>101 Avenue J</b> <b>Anson, TX 79501</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7866</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,281.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Apex Technology Management, Inc.</b> <b>PO Box 5019</b> <b>Carol Stream, IL 60197-5019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,261.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Aptus Telecom LLC</b> <b>7379 US Hwy 98</b> <b>Hattiesburg, MS 39402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lawsuit (Other Plaintiff is TalkSouth, Inc., also listed herein)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000,000.00</b>

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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ARIN</b> <b>American Register for Internet Numbers</b> <b>PO Box 232290</b> <b>Centreville, VA 20120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Aspirus General Clinic - Elcho</b> <b>14617 W. 10616 Clinic St.</b> <b>Elcho, WI 54418</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4617</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,812.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 5025</b> <b>Carol Stream, IL 60197-5025</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0144</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,111.00</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 105262</b> <b>Atlanta, GA 30348-5262</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0515,3170</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,481.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 105373</b> <b>Atlanta, GA 30340</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7367,5015,0060,5058,1011</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,878.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 5011</b> <b>Carol Stream, IL 60197-5011</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$433,616.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 5019</b> <b>Carol Stream, IL 60197-5025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,502,261.00</b>



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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>PO Box 9004</b> <b>Carol Stream, IL 60197-9004</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6511</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$661.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>PO Box 6463</b> <b>Carol Stream, IL 60197-6463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$872.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Aviation</b> <b>PO Box 172127</b> <b>Memphis, TN 38187-2127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,872.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Audrain Medical Center</b> <b>620 E Monroe St.</b> <b>Mexico, MO 65265</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7380</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,139.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Avalara</b> <b>8575 W. 96th Street</b> <b>Ste. 220</b> <b>Overland Park, KS 66212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,750.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Barton County Memorial Center</b> <b>29 NW First Ln.</b> <b>Lamar, MO 64759-8105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$695.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>bendbroadband</b> <b>PO Box 6003</b> <b>Bend, OR 97708-6003</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5451</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,819.00</b>

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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Bespoke Communications</b> <b>5855 Snowbound Court</b> <b>San Diego, CA 92120</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0077</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,188.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Bluebird Network - Fitzgibbon Hospital</b> <b>2005 W. Broadway</b> <b>Bldg A., Ste. 110</b> <b>Columbia, MO 65203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71,487.00</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Bond County Health Dept.</b> <b>1520 S. 4th St.</b> <b>Greenville, IL 62246-2618</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3498</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,846.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Borrego Community Health</b> <b>Foundation HCPs</b> <b>PO Box 2369</b> <b>Borrego Springs, CA 92004-2369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,109.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Bossier Parrish Library</b> <b>2206 Beckett St.</b> <b>Bossier City, LA 71111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,528.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Bowling Green School District R1</b> <b>700 W. Adams St.</b> <b>Bowling Green, MO 63334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,684.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Breckinridge Memorial Hospital</b> <b>1101 Old Hwy 60</b> <b>Hardinsburg, KY 40143</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,314.00</b>

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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Cable One Business</b> <b>PO Box 78000</b> <b>Phoenix, AZ 85062-8000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$284.00</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Cal-Ore Communications, Inc.</b> <b>Mountain Valley</b> <b>PO Box 847</b> <b>Dorris, CA 96023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,608.00</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Calhoun Cleburne Mental Health</b> <b>HCP 16036</b> <b>15386 Hwy 78</b> <b>Fruithurst, AL 36262</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$501.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Calif. Center for Sustainable Energy</b> <b>9325 Sky Park Ct.</b> <b>Ste. 100</b> <b>San Diego, CA 92123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,656.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>California Sierra Express Data</b> <b>4965 Joule St.</b> <b>Reno, NV 89502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,863.00</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Carpe Diem Schools</b> <b>2240 N Meridian St</b> <b>Indianapolis, IN 46208-5728</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,632.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Carrizo Springs Cons Ind School Dist</b> <b>302 N 7th St.</b> <b>Carrizo Springs, TX 78834-3116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,524.00</b>

Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>CentraCom</b> <b>Central Utah</b> <b>PO Box 735</b> <b>Fairview, UT 84629-0007</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>1765,1969</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,227.00</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Central Utah Counseling Center</b> <b>152 N 400 W</b> <b>Ephraim, UT 84627</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,302.00</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Century Link</b> <b>PO Box 29080</b> <b>Phoenix, AZ 85038-9080</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249,648.00</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Century Link</b> <b>PO Box 91155</b> <b>Seattle, WA 98111-9255</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$266.00</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Charter</b> <b>PO Box 790086</b> <b>Saint Louis, MO 63179-0086</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,491.00</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Charter</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0990</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Chase Visa</b> <b>PO Box 15123</b> <b>Wilmington, DE 19850</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>2354</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit card purchases and payments of carrier invoices</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,732.00</b>
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Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Chilton Shelby Mental Health Center</b> <b>110 Medical Center Dr.</b> <b>Clanton, AL 35045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,478.00</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Chippewa Valley Hospital</b> <b>Adventist Health System</b> <b>902 Inspiration Ave.</b> <b>Ste. 9100</b> <b>Altamonte Springs, FL 32714</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,227.00</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Chris Mountzouris</b> <b>125 Lakeway Drive</b> <b>Austin, TX 78734</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Separation Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,000.00</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas</b> <b>PO Box 650838</b> <b>Dallas, TX 75265-0838</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3126</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71.00</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>CitiBusiness Card</b> <b>PO Box 6235</b> <b>Sioux Falls, SD 57110-6235</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2202</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit card purchases and payments of carrier invoices</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,820.00</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Citrix Online</b> <b>File 50264</b> <b>Los Angeles, CA 90074-0264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$290.00</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Clinton County Hospital</b> <b>JD Mullins Clinton County Hospital</b> <b>723 Burkesville Blvd.</b> <b>Albany, KY 42602</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$767.00</b>
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Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Coastal Savannah District</b> <b>Ware County Board of Health</b> <b>1101 Church St.</b> <b>Waycross, GA 31501</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,161.00</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Coconino Cty. Health Dept.</b> <b>PO Box 970</b> <b>Page, AZ 86040</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1799</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,556.00</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Cogent</b> <b>Board of Regents, GA</b> <b>PO Box 791087</b> <b>Baltimore, MD 21279-1087</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166,260.00</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Colorado Fibercommunity</b> <b>Paul Recanzone</b> <b>PO Box 1725</b> <b>Buena Vista, CO 81211</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,655.00</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 3005</b> <b>Southeastern, PA 19398</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>9044</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.00</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 34744</b> <b>Seattle, WA 98124-1744</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5767</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$559.00</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 1577</b> <b>Newark, NJ 07101-1577</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6980</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$252.00</b>
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (if known) **17-50309**

3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 37601</b> <b>Philadelphia, PA 19101-0601</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6629</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,843.00</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Community Medical Centers Inc.</b> <b>Eduardo Sanchez Community Medical Center</b> <b>7210 Murray Dr.</b> <b>Stockton, CA 95210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,129.00</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Community Partners for Families-Federal</b> <b>401 N. San Joaquin St.</b> <b>Stockton, CA 95202-2026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$241.00</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Compliance Solutions, Inc.</b> <b>242 Rangeline Road</b> <b>Longwood, FL 32750</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,686.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Concho County Hospital</b> <b>Dudley White Concho County Hosp.</b> <b>614 Eaker St.</b> <b>Eden, TX 76837</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6664</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,658.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Children's Health Care System</b> <b>PO Box 9162</b> <b>Manassas, VA 20108-9162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,406.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Corporate Visions Inc.</b> <b>894 Incline Way</b> <b>Incline Village, NV 89451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,981.00</b>



Debtor	Case number (if known)	
<b>NETWORK SERVICES SOLUTIONS, LLC</b> Name	<b>17-50309</b>	
3.66 Nonpriority creditor's name and mailing address <b>Cox Communications</b> <b>PO Box 53280</b> <b>Phoenix, AZ 85072-3280</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4201</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$357.00</b>
3.67 Nonpriority creditor's name and mailing address <b>CPU - CTF Program</b> <b>(California Teleconnect Program)</b> <b>505 Van Ness Ave.</b> <b>San Francisco, CA 94102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overpayment of CTF Credits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,605.00</b>
3.68 Nonpriority creditor's name and mailing address <b>Curt Bush</b> <b>132 Marmot Drive</b> <b>Horse Shoe, NC 28742</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$897,000.00</b>
3.69 Nonpriority creditor's name and mailing address <b>CustomCall Data Systems, Inc.</b> <b>1009 S. Whitney Way</b> <b>Madison, WI 53711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,037.00</b>
3.70 Nonpriority creditor's name and mailing address <b>Dahl Memorial Healthcare</b> <b>215 Sandy Street</b> <b>Ekalaka, MT 59324</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4534</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,639.00</b>
3.71 Nonpriority creditor's name and mailing address <b>Dan Clausen</b> <b>Clausen &amp; Company</b> <b>PO Box 7430</b> <b>Reno, NV 89510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financial and tax consulting services - CPA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.72 Nonpriority creditor's name and mailing address <b>Digital Reality</b> <b>Georgia Board of Regents</b> <b>PO Box 10157</b> <b>Uniondale, NY 11555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,330.00</b>



Debtor Name	Case number (if known)	
<b>NETWORK SERVICES SOLUTIONS, LLC</b>	<b>17-50309</b>	
<b>3.73</b> Nonpriority creditor's name and mailing address <b>Dixie Net</b> <b>PO Box 28</b> <b>301 N. Main St.</b> <b>Ripley, MS 38663</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9172</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,250.00</b>
<b>3.74</b> Nonpriority creditor's name and mailing address <b>Eagle Advantage Schools - Grand Prairie</b> <b>300 W. Pioneer Pkwy.</b> <b>Grand Prairie, TX 75051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,393.00</b>
<b>3.75</b> Nonpriority creditor's name and mailing address <b>Eagle Advantage Academy-Dallas</b> <b>618 Wheatland Rd.</b> <b>Duncanville, TX 75116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,050.00</b>
<b>3.76</b> Nonpriority creditor's name and mailing address <b>Eagle Advantage Schools - N. Duncanville</b> <b>4011 Joseph Hardin Dr.</b> <b>Dallas, TX 75236</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,680.00</b>
<b>3.77</b> Nonpriority creditor's name and mailing address <b>Eagle Advantage Schools - Waxahachie</b> <b>701 West High</b> <b>287 Bypass</b> <b>Waxahachie, TX 75165</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,085.00</b>
<b>3.78</b> Nonpriority creditor's name and mailing address <b>Earthlink</b> <b>Deltacom</b> <b>PO Box 2252</b> <b>Birmingham, AL 35246-1058</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1759</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,280.00</b>
<b>3.79</b> Nonpriority creditor's name and mailing address <b>East Bonner</b> <b>c/o Free Lib Dist Clark Fork B</b> <b>601 Main St.</b> <b>Clark Fork, ID 83811</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,912.00</b>

Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (if known) **17-50309**

3.80	<b>Nonpriority creditor's name and mailing address</b> <b>East Bonner County Library</b> <b>Sandpoint Branch</b> <b>1407 Cedar Street</b> <b>Sandpoint, ID 83864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,027.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern Plumas Health Care - IT</b> <b>500 First Ave</b> <b>Portola, CA 96122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Enteleget Solutions, Inc.</b> <b>3800 Carco Corporate Dr.</b> <b>Ste. 310</b> <b>Charlotte, NC 28273</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0054</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,476.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Eureka County</b> <b>PO Box 88</b> <b>Eureka, NV 89316</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,998.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Evans Memorial Hospital</b> <b>200 N. River St.</b> <b>Claxton, GA 30417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$896.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Fiberlight</b> <b>PO Box 602526</b> <b>Charlotte, NC 28260-2526</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,301.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Forrest General Hospital</b> <b>6051 US Hwy 49</b> <b>FL 34901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,988.00</b>

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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Frankford Elementary School</b> <b>500 School St.</b> <b>Frankford, MO 63441-1019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,202.00</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Franklin Medical Center</b> <b>PO Box 1300</b> <b>5745 Hwy 17</b> <b>Winnsboro, LA 71295-5688</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6668</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$468.00</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Frontier</b> <b>PO Box 740407</b> <b>Cincinnati, OH 45274-0407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,626.00</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Global Telecom &amp; Technology Americas</b> <b>7900 Tysons One Place</b> <b>Ste. 1450</b> <b>Mc Lean, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0454</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,479.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Hardeman County Hospital</b> <b>402 Mercer St.</b> <b>Quanah, TX 79252</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1862</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,174.00</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Hardy Wilson Memorial Hospital</b> <b>233 Magnolia St.</b> <b>Hazlehurst, MS 39083</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6415</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,962.00</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Hayden Public Library</b> <b>510 Velasco Ave.</b> <b>Hayden, AZ 85135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236.00</b>

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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Holton Community Hospital</b> <b>1110 Columbine Dr.</b> <b>Holton, KS 66436</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>0311</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,870.00</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Hospital Authority of Miller County</b> <b>209 North Cuthbert</b> <b>Colquitt, GA 39837</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$353.00</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Hotspot Broadband</b> <b>8975 Double Diamond Pkwy.</b> <b>Ste. 9</b> <b>Reno, NV 89521</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,931.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Humboldt County - Library</b> <b>85 E. 5th St.</b> <b>Winnemucca, NV 89445-3095</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,046.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Humboldt County - Communications</b> <b>795 E Fairgrounds Rd.</b> <b>Winnemucca, NV 89445-3194</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,046.00</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Humboldt County - Courthouse</b> <b>50 W. 5th St.</b> <b>Winnemucca, NV 89445-3194</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,457.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>INOC, LLC</b> <b>500 Skokie Boulevard</b> <b>Ste. 380</b> <b>Northbrook, IL 60062-4125</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>0702</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,000.00</b>

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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Integra</b> <b>Electric Lightwave</b> <b>PO Box 2966</b> <b>Milwaukee, WI 53201</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2117</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>IQ Technology Solutions</b> <b>5595 Equity Ave.</b> <b>Ste. 300</b> <b>Reno, NV 89502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,225.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Isabelle Hunt Memorial Library (Pine)</b> <b>1400 E. Ash St.</b> <b>Globe, AZ 85501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.00</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>ITO Solutions, Inc.</b> <b>2501 E. 28th St.</b> <b>Ste. 106</b> <b>Signal Hill, CA 90755</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,014.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Jean M. Hamilton</b> <b>Crosspoint Leasing &amp; Financial Services</b> <b>8931 Quail Creek Court</b> <b>Fair Oaks, CA 95628</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Financial consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff Davis Hospital</b> <b>163 S. Tallahassee St.</b> <b>Hazlehurst, GA 31539-6465</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$322.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff McKenzie</b> <b>Online Web Site Services</b> <b>2779 King Edward Drive</b> <b>El Dorado Hills, CA 95762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>

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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Jefferson Davis Community Hospital</b> <b>1102 Rose St.</b> <b>Prentiss, MS 39474</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>6967</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,989.00</b>
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Jive Communications, Inc.</b> <b>Dept. Ch 19606</b> <b>Palatine, IL 60055-9606</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>1412</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,105.00</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Kent County Juvenile Detention</b> <b>300 Monroe Ave</b> <b>Grand Rapids, MI 49503</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$792.00</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Konica Minolta</b> <b>21221 N. California Blvd.</b> <b>Ste. B</b> <b>Walnut Creek, CA 94596</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205.00</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>L/P Insurance Services, Inc.</b> <b>300 E. 2nd St.</b> <b>Ste. 1300</b> <b>Reno, NV 89501</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,054.00</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>La Quinta Inn and Suites</b> <b>1591 Great Basin Blvd.</b> <b>Ely, NV 89301-3136</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,741.00</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Laguna Dept. of Education District</b> <b>PO Box 207</b> <b>I-40 West Exit 114</b> <b>Bldg. 1125</b> <b>Laguna, NM 87026</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,947.00</b>
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3.115	Nonpriority creditor's name and mailing address <b>Lexbe</b> <b>8701 MoPac Expwy.</b> <b>Ste. 320</b> <b>Austin, TX 78759</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,113.00</b>
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3.116	Nonpriority creditor's name and mailing address <b>Lillian M. Hudspeth Memorial Hosp.</b> <b>308 Hudspeth St.</b> <b>Sonora, TX 76950-8003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,051.00</b>
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3.117	Nonpriority creditor's name and mailing address <b>Lincoln County R-11 School District</b> <b>1 Sanderson and Broadway</b> <b>Elsberry, MO 63343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,071.00</b>
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3.118	Nonpriority creditor's name and mailing address <b>LSN</b> <b>921 SW Washington St.</b> <b>Ste. 370</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,896.00</b>
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3.119	Nonpriority creditor's name and mailing address <b>Lukas, LaFuria, Guterrez &amp; Sachs</b> <b>8300 Greensboro Dr.</b> <b>Ste. 1200</b> <b>Tyson, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348,027.00</b>
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3.120	Nonpriority creditor's name and mailing address <b>Lukas, Nace, Gutierrez &amp; Sachs</b> <b>Russell D. Lukas; Jeffrey A. Mitchell</b> <b>8300 Greensboro Drive</b> <b>Suite 1200</b> <b>Mc Lean, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Counsel for Debtor in FCC litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
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3.121	Nonpriority creditor's name and mailing address <b>Mark Lammert</b> <b>Compliance Solutions, Inc.</b> <b>242 Rangeline Road</b> <b>Longwood, FL 32750-4035</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Interest Free Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,000.00</b>
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Matagorda County Hospital District</b> <b>104 7th St.</b> <b>Bay City, TX 77414</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4478</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,339.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Maysville -Mason Co Public Library</b> <b>218 E. 3rd St.</b> <b>Maysville, KY 41056-1206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,283.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>MCI</b> <b>PO Box 15043</b> <b>Albany, NY 12212-5043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3690</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.00</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>MCI Small Business Service</b> <b>PO Box 4830</b> <b>Trenton, NJ 08650</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8546</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Miami Memorial Highway</b> <b>1052 Adonis Ave.</b> <b>Miami, AZ 85539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Mineral County School District</b> <b>PO Box 1540</b> <b>Hawthorne, NV 89415</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,396.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Monroe County Hospital</b> <b>PO Box 1068</b> <b>Forsyth, GA 31029</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,846.00</b>



Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Morehouse Community Medical Center</b> <b>518 Durham St.</b> <b>Bastrop, LA 71220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,443.00</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Mountain Comprehensive Care</b> <b>104 S. Front St.</b> <b>Prestonsburg, KY 41653</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7308</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,473.00</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Mountain View Academy</b> <b>360 S Shoreline Blvd</b> <b>Mountain View, CA 94041-1399</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$443.00</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Navigator Business Solutions, Inc.</b> <b>170 South Main Street</b> <b>Pleasant Grove, UT 84062</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>ERP software sold and services performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,266.00</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Netsusa Communications</b> <b>215 Lake Blvd.</b> <b>Box 414</b> <b>Redding, CA 96003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Newport Utilities</b> <b>170 Cope Boulevard</b> <b>Newport, TN 37821-2870</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,331.00</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>NiTel, Inc.</b> <b>1101 W. Lake Street</b> <b>6th Floor</b> <b>Chicago, IL 60607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$843,846.00</b>

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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>North Country Healthcare</b> <b>PO Box 3630</b> <b>Flagstaff, AZ 86003-3630</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>8010,4306</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,823.00</b>
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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>NV Energy</b> <b>PO Box 30065</b> <b>Reno, NV 89520</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6540</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$376.00</b>
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>NV Energy</b> <b>PO Box 30065</b> <b>Reno, NV 89520</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8108</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$257.00</b>
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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>NV Energy</b> <b>PO Box 30065</b> <b>Reno, NV 89520</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8116</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$227.00</b>
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3.140	<b>Nonpriority creditor's name and mailing address</b> <b>NV Energy</b> <b>PO Box 30065</b> <b>Reno, NV 89520</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6960</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279.00</b>
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3.141	<b>Nonpriority creditor's name and mailing address</b> <b>NV Energy</b> <b>PO Box 30065</b> <b>Reno, NV 89520</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6978</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.00</b>
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3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Omni Family Health Ltd.</b> <b>4900 California Ave.</b> <b>Bakersfield, CA 93309</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$310.00</b>
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Open Box Outlet, Inc.</b> <b>1219 Baring Blvd.</b> <b>Sparks, NV 89434</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.00</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Orion Technologies</b> <b>4600 Kietzke Lane</b> <b>Suite L230</b> <b>Reno, NV 89502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,669.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Pathways Comm. Behavioral Health</b> <b>1800 Community Drive</b> <b>Clinton, MO 64735</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,090.00</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>PCM</b> <b>File 55327</b> <b>Los Angeles, CA 90074-5327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,782.00</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Philips County Hospital</b> <b>311 S. 8th Ave. E</b> <b>Malta, MT 59538-8978</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,329.00</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Plumas-Sierra Telecommunications</b> <b>PO Box 1057</b> <b>Portola, CA 96122-1057</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,753.00</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Care, Inc.</b> <b>1997 Hwy 51</b> <b>Covington, TN 38019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,093.00</b>

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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Pyramid Lake Pauite Tribe</b> <b>PO Box 256</b> <b>Nixon, NV 89424-0256</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,864.00</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Radiology Associates</b> <b>816 W. Cannon St.</b> <b>Fort Worth, TX 76104-3192</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,807.00</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Rangely District Hospital</b> <b>225 Eagle Crest Dr.</b> <b>Rangely, CO 81648</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,858.00</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Rankin County Hospital</b> <b>1105 Elizabeth St.</b> <b>Rankin, TX 79778</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7089</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,924.00</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Robison Belaustegui Sharp &amp; Low</b> <b>71 Washington Street</b> <b>Reno, NV 89503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Attorney's fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,010.00</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Roller Network</b> <b>3545 Airway Drive</b> <b>Ste. 114</b> <b>Reno, NV 89511-1847</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,228.00</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Romans Cleaning Service</b> <b>2825 Grosmont Dr.</b> <b>Sparks, NV 89436</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,965.00</b>

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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>RT Communications</b> <b>130 S. 9th St.</b> <b>Worland, WY 82401</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1188</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,030.00</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Russell County Hospital</b> <b>153 Dowell Rd.</b> <b>Russell Springs, KY 42642</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7171</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,313.00</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>RX3 Communications</b> <b>PO Box 17295</b> <b>Reno, NV 89511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,814.00</b>
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>Salesforce.com, Inc.</b> <b>PO Box 203141</b> <b>Dallas, TX 75320-3141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,375.00</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>Samaritan House</b> <b>4031 Pacific Blvd.</b> <b>San Mateo, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7029</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$934.00</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Schat Communications</b> <b>174 N. Main St.</b> <b>Bishop, CA 93514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,246.00</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>Sheridan Memorial Hospital</b> <b>1401 W. 5th St.</b> <b>Sheridan, WY 82801</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7029</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,104.00</b>

Debtor	NETWORK SERVICES SOLUTIONS, LLC	Case number (if known)	17-50309
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>Sherman Haggerty</b> <b>Innovate Consulting, Inc.</b> <b>287 Muse Drive</b> <b>El Dorado Hills, CA 95762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Financial consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Sierra Web Solutions, LLC</b> <b>75 Day Lily Court</b> <b>Reno, NV 89511-6614</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>South Sunflower County Hospital</b> <b>121 E. Baker St.</b> <b>Indianola, MS 38751</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2791</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,527.00</b>
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Southeast Health District</b> <b>1101 Church St.</b> <b>Waycross, GA 31501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,272.00</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum/ Charter Communications</b> <b>PO Box 223085</b> <b>Pittsburgh, PA 15251-2085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,232.00</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>St. Vrain Childs Development</b> <b>dba Longmount</b> <b>82 21st Ave</b> <b>Longmont, CO 80501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,771.00</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Ste. Genevieve County Memorial Hospital</b> <b>753 Pointe Basse Dr.</b> <b>Sainte Genevieve, MO 63670</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,185.00</b>

Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Stephens Memorial Hospital</b> <b>200 S. Geneva St.</b> <b>Breckenridge, TX 76424</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,306.00</b>
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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Sterling Area Health Center</b> <b>725 E. State St.</b> <b>Sterling, MI 48659</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2037</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,322.00</b>
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3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Tahoe Forest Cable Internet</b> <b>333 Village Blvd.</b> <b>#201</b> <b>Incline Village, NV 89451-8211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122.00</b>
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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Tahoe Forest Hospital</b> <b>10121 Pine Ave.</b> <b>Truckee, CA 96160</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit, various, see attachment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$136,215.00</b>
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3.175	<b>Nonpriority creditor's name and mailing address</b> <b>TalkSouth, Inc.</b> <b>41 Fieldstone</b> <b>Hattiesburg, MS 39402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit (Other plaintiff is Aptus Telecom LLC, also listed herein - the full alleged claim is valued at \$3M)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
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3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Teklinks, Inc.</b> <b>PO Box 830674</b> <b>MSC #703</b> <b>Birmingham, AL 35283</b>  Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9268</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$182,262.00</b>
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3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Teleconnections</b> <b>PO Box 10843</b> <b>Santa Ana, CA 92711</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,500.00</b>
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (if known) **17-50309**

3.178	<b>Nonpriority creditor's name and mailing address</b> <b>TelePacific</b> <b>515 S. Flower St.</b> <b>47th Floor</b> <b>Los Angeles, CA 90071</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>3001</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,331.00</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>The Guidance Center</b> <b>1102 Walnut St.</b> <b>Oskaloosa, KS 66066-4203</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>4172</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,367.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Tonto Basin Library</b> <b>PO Box 368</b> <b>Tonto Basin, AZ 85553</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$783.00</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Totalcom Networks, LLC</b> <b>PO Box 290</b> <b>De Leon, TX 76444</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>8880</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,168.00</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Tower Cloud</b> <b>9501 International Court N.</b> <b>Saint Petersburg, FL 33716</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>0585</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,761.00</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Tri County Memorial Hospital</b> <b>18601 Lincoln St.</b> <b>Whitehall, WI 54773</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>4773</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,516.00</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Truckee Meadows Water Authority</b> <b>1355 Capital Boulevard</b> <b>Reno, NV 89502</b> Date(s) debt was incurred <b>2017</b> Last 4 digits of account number <b>5825</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.00</b>



Debtor <b>NETWORK SERVICES SOLUTIONS, LLC</b>		Case number (if known) <b>17-50309</b>
Name		

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3.185	Nonpriority creditor's name and mailing address <b>Truckee Meadows Water Authority</b> <b>1355 Capital Boulevard</b> <b>Reno, NV 89502</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5833</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.00</b>
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3.186	Nonpriority creditor's name and mailing address <b>Truckee Meadows Water Authority</b> <b>1355 Capital Boulevard</b> <b>Reno, NV 89502</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5841</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34.00</b>
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3.187	Nonpriority creditor's name and mailing address <b>unWired Broadband, Inc.</b> <b>215 W. Fallbrook Ave.</b> <b>Ste. 203</b> <b>Fresno, CA 93711</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>7357</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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3.188	Nonpriority creditor's name and mailing address <b>Uvalde County Hospital Authority</b> <b>1025 Garner Field</b> <b>Uvalde, TX 78801</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer credit, two, see attachment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,459.00</b>
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3.189	Nonpriority creditor's name and mailing address <b>Valor Health</b> <b>1024 Fernlee St.</b> <b>Emmett, ID 83617</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>0080</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,956.00</b>
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3.190	Nonpriority creditor's name and mailing address <b>Verizon</b> <b>PO Box 15043</b> <b>Albany, NY 12212-5043</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>8X23</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$887.00</b>
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3.191	Nonpriority creditor's name and mailing address <b>Voices Charter School</b> <b>16870 Murphy Ave.</b> <b>Morgan Hill, CA 95037-9650</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>83617-2715</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,166.00</b>
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Vonage</b> <b>PO Box 392415</b> <b>Pittsburgh, PA 15251-9415</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2979</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.00</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Voyant/Zayo</b> <b>2300 Berkshire Lane North</b> <b>Ste. 4</b> <b>Minneapolis, MN 55441</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,424.00</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Ware County Board of Health</b> <b>1101 Church St.</b> <b>Waycross, GA 31501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit, various, see attachment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$542,898.00</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>Ware County Board of Health</b> <b>VILLA RICA, Carroll County</b> <b>153 E. Wilson St.</b> <b>Villa Rica, GA 30180</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,690.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>Ware County Board of Health</b> <b>Bartow - Cartersville</b> <b>100 Zena Dr.</b> <b>Cartersville, GA 30121-2482</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,610.00</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>Ware County Board of Health</b> <b>Butts - Jackson</b> <b>463 Ernest Biles Dr.</b> <b>Jackson, GA 30233-2229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,610.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Ware County Board of Health</b> <b>Barrow County</b> <b>233 E. Broad St.</b> <b>Winder, GA 30680-2292</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,665.00</b>

Debtor	<b>NETWORK SERVICES SOLUTIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>17-50309</b>
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3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Washington Hospital Services, Inc.</b> <b>999 Third Ave.</b> <b>Suite 1400</b> <b>Seattle, WA 98104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Washington State Hospital Assn.</b> <b>Director of Business Development</b> <b>999 Third Avenue</b> <b>Suite 1400</b> <b>Seattle, WA 98104-4041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Potential claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Watland Billing Consultants, LLC</b> <b>580 E. Plumb Lane</b> <b>Reno, NV 89502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26.00</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>WiLine Networks</b> <b>15 Roszel Rd.</b> <b>Ste. 106</b> <b>Princeton, NJ 08540-6248</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,922.00</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream</b> <b>Paetec</b> <b>PO Box 9001013</b> <b>Louisville, KY 40290-1013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,915.00</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Wright Stanish &amp; Winckler Lawyers</b> <b>300 S. Fourth St.</b> <b>Las Vegas, NV 89101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,775.00</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Youth Policy Institute</b> <b>6464 Sunset Blvd.</b> <b>Ste. 560</b> <b>Los Angeles, CA 90028</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,057.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

Debtor **NETWORK SERVICES SOLUTIONS, LLC**  
NameCase number (if known) **17-50309**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Amsher/Tammy Scurlock</b> <b>4524 Southlake Parkway</b> <b>Suite 15</b> <b>Hoover, AL 35244</b>	Line <u>3.176</u> <input type="checkbox"/> Not listed. Explain _____	<u>9268</u>
4.2	<b>AT&amp;T</b> <b>PO Box 537104</b> <b>Atlanta, GA 30353</b>	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Atlantic Aviation</b> <b>655 S. Rock Blvd.</b> <b>Reno, NV 89502-4118</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Eagle Advantage Academy-Dallas</b> <b>4009 Joseph Hardin Dr.</b> <b>Dallas, TX 75236-1507</b>	Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Sean Ambrose, Esq.</b> <b>Michael &amp; Associates, PC</b> <b>1850 E. Flamingo Road, #204</b> <b>Las Vegas, NV 89119</b>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	<u>5157</u>
4.6	<b>Valor Health</b> <b>1202 E. Locust</b> <b>Emmett, ID 83617-2715</b>	Line <u>3.189</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Youth Policy Institute</b> <b>1147 Vine Street</b> <b>Los Angeles, CA 90038-1615</b>	Line <u>3.205</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>59,360.00</u>
5b. +	\$ <u>12,361,982.00</u>
5c.	\$ <u>12,421,342.00</u>

## NETWORK SERVICES SOLUTIONS - ATTACHMENT TO SCHEDULE F

	<b>Credit Balance Report - NSS Customers</b>	<b>QB's AR Aging Summary 3/9/2017</b>			<b>Based on 3-9-2071 AR Aging Summary</b>
	<b>Customer</b>	<b>Bill to</b>	<b>Primary Contact</b>	<b>Main Phone</b>	<b>Credit Balances</b>
					<b>\$ 1,413,737.25</b>
	Ada Community Library - Star Branch	Ada Community Library- Star Branch 10706 W State Ste D Star, ID 83669	Mary De Walt	208-286-9755	\$ 4,000.00
	Anson General Hospital HCP 17866	Anson General Hospital 101 Avenue J Anson, TX 79501	DJ Grogan; Brenda Bolin	325-823-1158	\$ 2,280.68
	Aspirus General Clinic Elcho 14617 CLSD	Jackey Ott Aspirus General Clinic - Elcho 14617 W 10616 Clinic St Elcho, WI 54418	Jackey Ott	715-275-4011	\$ 2,812.00
	ATLANTIC AVIATION	P.O. Box 172127, Memphis, TN 38387-2127; 655 S. Rock Blvd., Reno, NV 89502-4118	Ann Gilchrist	972-905-2574	\$ 2,871.60
	Audrain Medical Center HCP 17380 CLSD	Dawn Evans Audrain Medical Center HCP 17380 620 E Monroe St Mexico, MO 65265	Dawn Evans	573-582-8345	\$ 68,139.20
	BARTON COUNTY MEMORIAL HOSPITAL	29 NW First Ln., Lamar, MO 64759-8105	Brad Butler	417-681-5199	\$ 695.03
	BOND COUNTY HEALTH DEPT - HCP 13498	1520 S 4th Street, Greenville, IL 62246-2618	Shelley Hediger	618-664-1442	\$ 8,846.15
	BORREGO COMMUNITY HEALTH FOUNDATION HCP'S	BORREGO COMMUNITY HEALTH FOUNDATION HCP'S 4343 Yaqui Pass Road Borrego Springs, CA 92004	Tami Berkei	760-767-4552	\$ 8,108.95
	BOSSIER PARISH LIBRARY	2206 Beckett St, Bossier City, LA 71111	Theresa Allen	318-746-1693	\$ 11,528.36
	Bowling Green School District R1	Robert Guritz Bowling Green School District R1 700 W Adams St. Bowling Green, MO 63334	Kim Luebrecht George Beshears	573-324-5441 573-324-5441	\$ 1,684.27
	Breckinridge Memorial Hospital	Jenny Bradley Breckinridge Memorial Hospital 1011 Old Hwy 60 Hardinsburg, KY 40143	Erin Carroll	270-756-6635	\$ 14,314.39
	Calhoun Cleburne Mental Health HCP 16036	Roy Clark Calhoun Cleburne Mental Hlth HCP 16036 15386 Hwy 78 Fruithurst, AL 36262	Allen Stokes	256-236-3403	\$ 500.56
	CALIFORNIA CENTER FOR SUSTAINABLE EN CLSD	9325 Sky Park Ct., Ste. 100, San Diego, CA 92123 -- 8690 Balboa, San Diego, CA 82123	Cynthia Shegog	(858) 224-1178	\$ 1,656.33

California Sierra Express Data CLOSED	John Ball California Sierra Express Data 4965 Joule St Reno, NV 89502	John Ball	775-856-8008	\$	3,863.08
CARPE DIEM SCHOOLS	224- N Meridian St., Indianapolis, IN 46208-5728	Andy Kong	928-317-3113	\$	3,631.60
CARRIZO SPRINGS CONS IND SCHOOL DIST	302 N 7th St. Carrizo Springs, TX 78834-3116	Marco Mendez	830-876-3503	\$	2,523.80
Central Utah Counseling Center - Cottonwo	Richard Anderson Central Utah Counseling Center- Ephraim 152 North 400 West Ephraim, UT 84627	Riahcard Anderson	435-623-2236	\$	7,301.71
Chilton Shelby Mental Health Center	Vicki Potts Chilton Shelby Mental Health Center 110 Medical Center DR Clanton, AL 35045	Debbie Davenport	205-755-8800	\$	7,478.49
Chippewa Valley Hospital HCP 12647	Adventist Health System, 902 Inspiration Ave., Ste. 9100, Altamonte Springs, FL 32714; 1220 3rd Ave west, Durand,	Troy Dube	630-312-7713	\$	4,227.22
Clinton County Hospital HCP 17944	J.D. Mullins Clinton County Hospital 723 Burkesville Blvd Albany, KY 42602	J.D. Mullins	606-387-6421	\$	766.58
Coastal Savannah District- Daisy clinic	Ware County Board of Health 1101 Church St Waycross, GA 31501	Cheston Hyers	912-287-4890	\$	5,160.53
COCONINO CTY HEALTH DEPT HCP 11799 CLSD	Coconino County Health, Dept. Clinic HCP #11799, 467 Vista, Page, AZ 86022	William Smith; Kris Dalmolin	928-679-7911	\$	5,556.07
Community Medical Centers Inc.	Eduardo Sanchez Community Medical Centers Inc. 7210 Murray Drive Stockton, CA 95210		209-373-2800	\$	1,129.04
COMMUNITY PARTNERS FOR FAMILIES - FEDERAL	COMMUNITY PARTNERS FOR FAMILIES - FEDERAL 401 N San Joaquin ST Stockton,CA 95202-2026	Tabriz Asghar	209-444-4112	\$	241.19
Concho County Hospital HCP 16664	Dudley WhiteConcho County Hospital HCP 16 614 Eaker Street Eden, TX 76837	Dudley White	325-869-5911	\$	4,658.21
COOK CHILDREN'S HEALTH CARE SYSTEM	Mobility Invoice for: Cook Children's Healthcare System PO Box 9162 Manassas, VA 20108-9162	Kerri Albert	682-885-6494	\$	27,406.37
Corporate Visions Inc.	Brandy Johnson Corporate Visions Inc. 894 Incline Way Incline Village, NV 89451	Brandy Johnson	775-831-1322	\$	1,980.94
Dahl Memorial Healthcare HCP 14534	Dahl Memorial Healthcare HCP 14534 215 Sandy Street Ekalaka, MT 59324	Nadine Elmore	406-775-8739	\$	1,639.38
EAGLE ADVANTAGE ACADEMY - DALLAS	Wheatland Rd., Duncanville, TX 75116; 4009 Joseph Hardin Dr., Dallas, TX 75236-1507	Marco Salazar	469-285-1187	\$	11,875.02
Eagle Advantage Academy Ben 221443	Eagle Advantage Academy Ben 221443 618 W Wheatland Duncanville, TX 75116		214-276-5842	\$	6,174.88

Eagle Advantage Schools - Grand Prairie	Eagle Advantage Schools - Grand Prairie 300 W Pioneer Pkwy Grand Prairie, TX 75051		214-467-4991	\$	2,393.24
Eagle Advantage Schools - N Duncanville	Joe Busalabchi Eagle Advantage Schools - N Duncanville 4011 Joseph Hardin Drive Dallas, TX 75236		214-467-4991	\$	16,680.07
Eagle Advantage Schools - Waxahachie	Eagle Advantage Schools - Waxahachie 701 West High 287 Bypass Waxahachie, TX 75165		972-937-9833	\$	9,085.07
East Bonner CO Free Lib Dist Clark Fork B	601 Main St., Clark Fork, ID 83811	Denise Mills	208-263-6930	\$	7,911.91
East Bonner County Library Dist Sand CLSD	Gina Emory E. Bonner Cty Libry Dist Sandpoint Branch 1407 Cedar St Sandpoint, ID 83864	Denise Mills	208-263-6930	\$	5,026.77
EASTERN PLUMAS HEALTH CARE - IT	Eastern Plumas Health Care 500 First Ave Portola, CA 96122	Rick Boyd	530-832-6500	\$	500.00
EUREKA COUNTY	P.O. Box 88, Eureka, NV 89316; 10 S Main St.,Eureka, NV 89316-9995	Michael Mears	775-237-5263	\$	4,998.14
Evans Memorial Hospital HCP 14584	Evans Memorial Hospital HCP 14584 200 North River Street Claxton, GA 30417	Abbigail Wilder	912-739-5102	\$	896.20
FORREST GENERAL HOSPITAL. HCP MULTIPLE	FOREST GENERAL HOSPITAL 6051 US Highway 49 Hattiesburb,MS 39401	Charles Turnage	601-288-8193	\$	15,988.31
FRANKFORD ELEMENTARY SCHOOL	Frankford Elementary School 500 School St. Frankford, MO 63441-1019	Kim Luebrecht	573-324-5441	\$	2,201.84
FRANKLIN MEDICAL CENTER HCP 16668	P.O. Box 1300, Winnsboro, LA 71295-5688; 5745 Highway 17, Winnsboro, LA 71295-5688	Shea Morris	318-412-5381	\$	468.31
HARDEMAN COUNTY HOSPITAL HCP 11862 CLOSED	Hardeman County Hospital 402 Mercer Street Quanah, TX 79252	Tracy Betts	940-663-2795	\$	8,174.38
Hardy Wilson Memorial Hospital HCP 16415	Ann Berch Hardy Wilson Memorial Hospital HCP 16415 233 Magnolia St Hazlehurst, MS 39083	Ann Berch	601-894-4541	\$	9,961.87
Hayden Public Library	Yodona P Hayden Public Library 510 Velasco Ave Hayden, AZ 85135	Yodona Pennell	928-200-0235	\$	235.74
HOLTON COMMUNITY HOSPITAL HCP 10311	HOLTON COMMUNITY HOSPITAL HCP 10311 1110 Columbine Drive Holton, KS 66436-8824	Jason Woltje	785-817-1538	\$	8,870.36
Hospital Authority of Miller County	Miller County Hospital 209 North Cuthbert Colquitt, GA	Jill Brown	229-758-5926	\$	352.79
HUMBOLDT COUNTY - COMMUNICATIONS	795 E Fairgrounds Rd.< Winnemucca, NV 89445-3194	Rick Grantham	775-623-6400	\$	2,045.51



	HUMBOLDT COUNTY - COURTHOUSE	50 W Fifth St., Winnemucca, NV 89445-3194	JD Ames	775-623-6314	\$	3,457.28
	HUMBOLDT COUNTY - LIBRARY	85 E 5th St., Winnemucca, NV 89445-3095	JD Ames	775-623-6400	\$	2,045.51
	Isabelle Hunt Memorail Library (pine)	Yodona Pennell Isabelle Hunt Memorail Library (pine) 1400 East Ash St Globe, AZ 85501	Yodona Pennell	928-479-2355	\$	314.72
	JEFF DAVIS HOSPITAL	163 S Tallahassee St., Hazlehurst, GA 31539-6465	Cathy Cason	912-375-7781	\$	322.27
	Jefferson Davis Comm Hospital HCP 16967	Lee McCall Jefferson Davis Comm Hospital / Prentiss 1102 Rose St Prentiss, MS 39474	Lee McCall; Bobby Wamboldt	601-792-4276 601-792-1229	\$	22,989.49
	KENT COUNTY JUVENILE DETENTION	300 Monroe Ave., Grand Rapids NW, MI 49503			\$	791.67
	L/P Insurance Services, INC	Trevis Matheus L/P Insurance Services, INC 300 E. 2nd Street, Ste. 1300 Reno, NV 89501	Trevis Matheus	775-848-7032	\$	6,053.65
	LA QUINTA INN AND SUITES ELY	1591 Great Basin Blvd., Ely, NV 89301-3136	Jennifer Rowley	775-289-8833	\$	2,740.92
	LAGUNA DEPARTMENT OF EDUCATION DISTRICT	Laguna Department of Education PO Box 207 I 40 West Exit 114 Bldg 1125 Laguna, NM 87026	David McGee	505-552-6008	\$	1,946.87
	LILLIAN M. HUDSPETH MEM HOSP HCP 14143	LILLIAN M. HUDSPETH MEMORIAL HOSPITAL 308 Hudspeth St. Sonora, TX 76950-8003	Keith Butler	325-387-1200	\$	9,050.95
	LINCOLN COUNTY R-11 SCHOOL DISTRICT DBA E	1 Sanderson and Broadway, Elsberry, MO 63343	Cannon Watts	573-898-5554	\$	3,071.39
	Livingston Medical Group	Livingston Community Health 1140 Main St Livingston, CA 95334	Mr. Alexander	209-394-7913	\$	154,480.13
	Matagorda County Hospital Dist HCP 14478	Matagorda County Hospital Dist HCP 14478 104 7th Street Bay City, TX 77414	Maryann Cervantes	979-241-5576	\$	6,338.94
	MAYSVILLE-MASON CO PUB LIBRARY	218 E 3rd St., Maysville, KY 41056-1206	Valerie Zempter	606-564-3286	\$	4,283.45
	Miami Memorial Library	Yodona Pennell Miami Memorial Library 1052 Adonis Ave. Miami, AZ 85539	Yodona Pennell	928-473-2621	\$	120.40
	MINERAL COUNTY SCHOOL DISTRICT	751 A St., Hawthorne, NV 89415	WilliamKeady	775-945-2403	\$	1,396.46
	Monroe County Hospital HCP 15925	Becky Firster Monroe County Hospital HCP 41720 PO BOX 1068 Forsyth, GA 31029	Becky Firster	478-994-2521	\$	12,846.03



	Morehouse Community Medical Center Bastro	Katle Parnell Morehouse Community Medical Ctr Bastrop 518 Durham St Bastrop, LA 71220	Katle Parnell	318-239-8015	\$	3,443.23
	Mountain Comprehensive Care HCP CLOSED	Dave Webb Mtn Comprehensive Care Center HCP 17308 104 S Front Street Prestonsburg, KY 41653	Dave Webb	606-886-8752	\$	6,473.23
	MOUNTAIN VIEW ACADEMY	360 S Shoreline Blvd., Mountain View, CA 94041-1399	Jerry Corson	650-967-2324	\$	442.72
	NEWPORT UTILITIES	170 Cope Blvd., Newport, TN 37821-2870	Boyod Goodin	423-625-2899	\$	1,331.28
	North Country Healthcare HCP 18010	North Country HealthCare PO Box 3630 Flagstaff, AZ 86003-3630	Dale Wollenzien	928-583-7884	\$	2,604.00
	NORTH COUNTRY HEALTHCARE HCP 34306	North Country HealthCare PO Box 3630 Flagstaff, AZ 86003-3630	Bill Smith	928-522-9755	\$	1,219.00
	OMNI FAMILY HEALTH LD	Omni Family Health, LD 4900 California Ave Bakersfield, CA 93309	Maria Maun	661-459-1975	\$	310.02
	OPEN BOX OUTLET, INC	1219 Baring Blvd., Sparks, NV 89434; 3969 S. McCarran Blvd., Reno, NV 89502-7510	Glen Pitts	209-418-5050	\$	128.71
	PATHWAYS COMM BEHAVIORAL HEALTH	Pathways Comm Behavioral Health 1800 Community Dr. Clinton, MO 64735	Richard Colvert	660-885-8131	\$	6,089.73
	PHILLIPS COUNTY HOSPITAL	311 S 8th Ave E, Malta, MT 59538-8978	Dana Lund	406-657-4870	\$	5,329.36
	Professional Care, Inc.	Janie Cain Professional Care, Inc. 1997 Hwy 51 S. Covington, TN 38019	Janie Cain	901-475-3593	\$	4,092.79
	RADIOLOGY ASSOCIATES	816 W Cannon St., Fort Worth, TX 76104-3192	Mike Emory	817-321-0400	\$	6,806.81
	RANGELY DISTRICT HOSPITAL HCP 12043	225 Eagle Crest Dr., Rangely, CO 81648	Barb Urbanik	970-675-4252	\$	4,858.36
	Rankin County Hospital HCP 17089	Rankin County Hospital 1105 Elizabeth Street Rankin, TX 79778	Tami Burks	432-693-1006	\$	1,924.13
	Russell County Hosp No. 1 HCP 17171 CLSD	Russell County Hospital HCP 17171 153 Dowell Rd Russell Springs, KY 42642	Ken Kimsal	270-866-8867	\$	11,313.44
	SAMARITAN HOUSE	4031 Pacific Blvd., San Mateo, CA 94043	Jolie Bou	650-523-0810	\$	933.83
	Sheridan Memorial Hosp HCP 17029 CLSD	Sheridan Memorial Hospital HCP 17029 1401 West 5th Street Sheridan, WY 82801	Thelma Armstrong	406-672-1178	\$	2,104.04

	South Sunflower County Hospital HCP 12791	South Sunflower County Hospital 121 East Baker St Indianola, MS 38751	Marty Sheffield	662-887-6000	\$	3,526.97
	Southeast Health District	Southeast Health District 1101 Church St Waycross, GA 31501	Angie Thomas	912-285-6002	\$	14,272.33
	St Vrain Childs Development dba Longmount	St Vrain Children Dev,(Wild Plum Center) 82 21st Ave Longmont, CO 80501	Elizabeth Lenski	303-776-8524	\$	1,771.31
	STE. GENEVIEVE COUNTY MEMORIAL HOSPITAL	753 Pointe Basse Drive Sainte Genevieve, MO 63670	Bernard Grieshaber	573-883-4408	\$	6,184.66
	Stephens Memorial Hospital	200 S. Geneva St., Breckenridge, TX 716424	Ann Thompson	254-559-2241	\$	19,305.66
	Sterling Area Health Center - 12037	Sterling Area Health Center - 12037 725 E State St. Sterling, MI 48659	Roger Rushlow	989-654-2491	\$	4,321.66
	TAHOE FOREST CABLE INTERNET	TAHOE FOREST CABLE INTERNET 333 Village Blvd 201 Incline Village, NV 89451-8211	Jay Hanlon	530-583-6529	\$	122.13
	TAHOE FOREST HOSPITAL 100 MEG / MPLS	TAHOE FOREST HOSPITAL 10121 Pine Ave Truckee, CA 96160-9616	Jay O hanlon	530-528-6509	\$	109,914.08
	Tahoe Forest Hospital- 50 Meg	Tahoe Forest Hospital 10121 Pine Ave Truckee, CA 96160	Jay O hanlon	530-528-6509	\$	4,173.92
	Tahoe Forest Hospital HCP - TCPT	Tahoe Forest Hospital District HCP 17625 10121 Pine Ave Truckee, CA 96161	Jay O hanlon	530-528-6509	\$	10,705.67
	Tahoe Forest Hospital HCP 17625- DS3 CLSD	Tahoe Forest Hospital 10121 Pine Ave Truckee, CA 96161	Jay O hanlon	530-528-6509	\$	10,997.41
	Tahoe Forest Hospital- Incline Pt to Pt	Crystal Betts Tahoe Forest Hospital District 10121 Pine Ave Truckee, CA 96160	Jay O hanlon	530-528-6509	\$	423.39
	THE GUIDANCE CENTER - OSKALOOSA HCP 14172	The Guidance Center - Oskaloosa HCP 14172 1102 Walnut ST Oskaloosa,KS 14172	Jerry McDonald	913-682-5118	\$	1,366.80
	Tonto Basin Library	Yodona Pennell Tonto Basin Library 1 Story St Tonto Basin, AZ 85553	Yodona Pennell	928-479-2355	\$	782.69
	Tri County Memorial Hospital HCP 13548	Tri County Memorial Hospital 18601 Lincoln St Whitehall, WI 54773	Paula Hagen	7155384361	\$	6,515.70
	Uvalde County Hospital Authority HCP18446	Blake Eaker Uvalde County Hospital Authority HCP18446 1025 Garner Field Rd Uvalde, TX 78801	Blake Eaker	830-278-6251	\$	19,602.46
	UVALDE COUNTY HOSPITAL BLDG B HCP 31711	UVALDE COUNTY HOSPITAL BLDG B HCP 31711 1195 Garnerfield Rd Uvalde, TX 78801	Blake Eaker	830-278-1692	\$	10,857.29

	Valor Health HCP 10080	Valor Health 1024 Fernlee Street Emmett, ID 83617 1202 E Locust, Emmett, ID983617	Steve Spicer	208-365-3561	\$	2,955.51
	VOICES CHARTER SCHOOL	16870 Murphy Ave., Morgan Hill, CA 95037-9650	Yeraldin Gonzalez	408-444-5495	\$	2,165.80
	WARE COUNTY COASTAL BRUNSWICK DISTRICT	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,210.93
	WARE COUNTY HEALTH - BARROW COUNTY - WIND	31501 - 233 E. Broad St., Winder, GA 30680-2292	Lance Brantley	912-287-4960	\$	4,665.00
	WARE COUNTY HEALTH - BARTOW - CARTERSVILL	31501 100 Zena Dr.m, Cartersville, GA 30121-2482	Lance Brantley	912-287-4960	\$	5,610.00
	Ware County Health - Bryan County, Pembro	Ware County Board of Health 1101 Church Street Waycross, GA 31502	Lance Brantley	912-287-4960	\$	13,687.07
	WARE COUNTY HEALTH - BUTTS - JACKSON	31501; 463 Ernest Biles Dr., Jackson, GA 30233-2229	Lance Brantley	912-287-4960	\$	5,610.00
	Ware County Health - Camden County, Kings	Ware County Board of Health 1101 Church Street Waycross, GA 31503	Lance Brantley	912-287-4960	\$	12,255.50
	WARE COUNTY HEALTH - CARROLL - VILLA RICA	31501 201 Cleghorn St., Villa Rica, GA 30180-2113	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - CARROLL COUNTY	GA 31501 201 Cleghorn St., Villa Rica, GA 30180-2113	Lance Brantley	912-287-4960	\$	3,079.50
	WARE COUNTY HEALTH - CHATTOOGA - SUMMERVI	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - CLARK COUNTY - ATHEN	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	3,720.00
	WARE COUNTY HEALTH - CLARKE COUNTY MAIN -	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	3,720.00
	WARE COUNTY HEALTH - CLAYTON - JONESBORO	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
	WARE COUNTY HEALTH - COBB/DOUGLAS - MARIE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,260.00
	WARE COUNTY HEALTH - COWETA - GRIESON CLS	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	2,737.00
	WARE COUNTY HEALTH - COWETA - HOSPITAL	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00

	WARE COUNTY HEALTH - DADE - TRENTON	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
	WARE COUNTY HEALTH - EAST ATHENS - ATHENS	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	3,720.00
	WARE COUNTY HEALTH - EAST METRO - LAWRENC	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
	Ware County Health - Effingham County, Sp	Ware County Board of Health 1101 Church Street Waycross, GA 31505	Lance Brantley	912-287-4960	\$	14,583.70
	WARE COUNTY HEALTH - ELBERT COUNTY - ELBE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - FAYETTE COUNTY - FAY	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,875.00
	WARE COUNTY HEALTH - FAYETTE WIC - FAYETT	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,820.00
	WARE COUNTY HEALTH - FLOYD - ROME	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - FULTON - ATLANTA	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	3,720.00
	WARE COUNTY HEALTH - GA PUBLIC HLTH - ATL	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,260.00
	WARE COUNTY HEALTH - GA PUBLIC HLTH - DEC	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,260.00
	WARE COUNTY HEALTH - GA PUBLIC HLTH - WAY	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	6,280.00
	Ware County Health - Glynn County, Brunsw	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	22,704.75
	WARE COUNTY HEALTH - GREENE COUNTY - GREE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - HARALSON - BUCHANAN	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - HEARD - FRANKLIN	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - HENRY - MCDONOUGH	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,715.00

WARE COUNTY HEALTH - JACKSON - COMMERCE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
WARE COUNTY HEALTH - LAGRANGE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - LAMAR - BARNESVILLE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
Ware County Health - Liberty County, Hine	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	13,860.18
Ware County Health - Long County, Ludowic	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	12,760.63
WARE COUNTY HEALTH - MADISON - DANIELSVIL	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
Ware County Health - McIntosh County, Tow	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	15,496.91
WARE COUNTY HEALTH - MERIWETHER - GREENVI	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - MERIWETHER - MANCHES	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - MORGAN - MADISON	Ware County Board of Health 1101 Church St Waycross, GA 31504	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - NAHUNTA	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	17,643.24
WARE COUNTY HEALTH - OC3	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	167,220.00
WARE COUNTY HEALTH - OCONEE - WATKINSVILL	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,260.00
WARE COUNTY HEALTH - OGLETHORPE - LEXINGT	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
WARE COUNTY HEALTH - PAULDING - DALLAS	Ware County Board of Health 1101 Church St Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - PIKE - ZEBULON	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
WARE COUNTY HEALTH - POLK - CEDARTOWN	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00

	WARE COUNTY HEALTH - POLK - ROCKMART	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	9,014.00
	WARE COUNTY HEALTH - SPALDING - WIC	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - SPALDING HEALTH - GR	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - TROUP - LAGRANGE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - UPSON COUNTY, THOMAS	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - WALKER - LAFEYETTE	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH - WALTON - MONROE	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	WARE COUNTY HEALTH- CHATHAM COUNTY, SAVA	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	21,826.86
	WARE COUNTY HEALTH-CATOOSA - RINGGOLD	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	3,720.00
	WARE COUNTY HEALTH-GORDON - CALHOUN	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,665.00
	WARE COUNTY HLTH - BRUNSWICKDISTRICT CLSD	Ware County Board of Health 1101 Church Street Waycross, GA 31501	Lance Brantley	912-287-4960	\$	4,210.95
	WARE COUNTY HLTH-NW GA PUBLIC HLTH-ROME	Ware County Board of Health 1101 Church St. Waycross, GA 31501	Lance Brantley	912-287-4960	\$	5,610.00
	Watland Billing Consultants, LLC	Watland Billing Consultants, LLC Mike Watland 580 E. Plumb Lane Reno, NV 89502	Mike Watland	775-747-5050	\$	26.46
	YOUTH POLICY INSTITUTE	6464 Sunset Blvd., Sted. 560, Los Angeles, CA 90028; 1147 Vine St., Los Angeles, CA 90038-1615	Ian Campbell	213-688-2802	\$	2,057.18
					\$	1,413,737.25

**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Property management contract for building premises**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Dickson Realty  
1030 Caughlin Pkwy  
Reno, NV 89519**2.2. State what the contract or lease is for and the nature of the debtor's interest **Copier lease and maintenance contract**

State the term remaining

**30 months**

List the contract number of any government contract \_\_\_\_\_

**Konica Minolta  
PO Box 3083  
Cedar Rapids, IA 52406**

**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Lisa Madison****American Express**☐ D \_\_\_\_\_☒ E/F **3.5**☐ G \_\_\_\_\_**2.2 Scott and Lisa  
Madison****Personal guarantors****Western Alliance  
Bank**☒ D **2.2**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.3 Scott Madison****Chase Visa**☐ D \_\_\_\_\_☒ E/F **3.44**☐ G \_\_\_\_\_**2.4 Scott Madison****CitiBusiness Card**☐ D \_\_\_\_\_☒ E/F **3.49**☐ G \_\_\_\_\_**2.5 Scott Madison****JP Morgan Chase**☒ D **2.1**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_



**Fill in this information to identify the case:**Debtor name **NETWORK SERVICES SOLUTIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50309**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**  
Check all that apply**Gross revenue**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**  
From **1/01/2017** to **Filing Date**☒ Operating a business  
☐ Other \_\_\_\_\_**\$3,578,429.00****For prior year:**  
From **1/01/2016** to **12/31/2016**☒ Operating a business  
☐ Other \_\_\_\_\_**\$26,630,330.00****For year before that:**  
From **1/01/2015** to **12/31/2015**☒ Operating a business  
☐ Other \_\_\_\_\_**\$21,401,839.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**  
From **1/01/2017** to **Filing Date****Interest, building income, other****\$55,925.00****For prior year:**  
From **1/01/2016** to **12/31/2016****Interest, building income, other****\$163,166.00****For year before that:**  
From **1/01/2015** to **12/31/2015****LOSS: Interest, building income, bad debt, settlement****\$-1,818,770.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>American Express</b>	<b>1/20/17</b>	<b>\$33,625.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Credit card debt</b>
3.2. <b>Chase Visa</b>	<b>12/22/16 - 3/20/17</b>	<b>\$38,100.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Credit card debt</b>
3.3. <b>Citicard</b>	<b>12/29/16 - 3/17/17</b>	<b>\$22,001.69</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Credit card debt</b>
3.4. <b>ACC Communications</b>	<b>12/21/16</b>	<b>\$93,150.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>Dixie Net</b>	<b>12/30/16 - 2/7/17</b>	<b>\$9,250.01</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>First Independent Bank</b>	<b>12/22/16 - 2/13/17</b>	<b>\$13,114.33</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>ITO Solutions, Inc.</b>	<b>12/2016 - 3/20/2017</b>	<b>\$11,059.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>INOC</b>	<b>2/1/17</b>	<b>\$11,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.9. <b>Orion Technologies</b>	<b>12/26/16 - 3/20/17</b>	<b>\$23,364.25</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 <b>ACC Communications</b>	<b>12/21/16 - 2/17</b>	<b>\$49,595.99</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 <b>AT&amp;T</b>	<b>12/16 - 3/17</b>	<b>\$80,512.60</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 <b>Cal-Ore</b>	<b>1/31/17</b>	<b>\$18,152.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.13 <b>CentraCom</b>	<b>1/31/17</b>	<b>\$7,066.22</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 <b>Century Link</b>	<b>12/16 - 3/17</b>	<b>\$56,248.98</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 <b>Charter</b>	<b>1/4/17 - 3/1/17</b>	<b>\$7,283.52</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.16 Gogent	1/31/17	\$48,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 Earthlink	12/28/16	\$13,962.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 GTT	1/31/17	\$12,376.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 Jive Communications	12/16 - 3/17	\$22,157.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 WiLine	12/16 - 1/17	\$46,844.79	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 Nitel	1/1/17 - 2/1/17	\$9,899.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 Aetna Insurance	12/16 - 3/17	\$34,598.45	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 Taxes	1/5/17 - 3/20/17	\$38,579.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.24 Custom Call	12/29/16 - 3/20/17	\$12,148.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.25 Compliance Solutions/ Mark Lammert	3/7/17 - 3/20/17	\$6,490.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.26 Robison Belaustegui Sharp & Low	12/28/16 - 3/20/17	\$90,915.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.27 Lukas, LaFuria Gutierrez & Sachs	1/17 - 3/17/17	\$62,318.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.28 Hartman & Hartman	3/17	\$25,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.29 Crosspoint Leasing & Financial Services	1/6/17 - 3/14/17	\$24,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.30 Innovate Consulting LLC	1/6/17 - 3/14/17	\$14,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.31 Carl Schorle/Schorle Companies	1/5/17 - 3/3/17	\$14,376.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.32 <b>James R. Perkins / Prairie Consulting</b>	<b>1/5/17 - 3/3/17</b>	<b>\$15,600.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.33 <b>Western Alliance Bank First Independent Bank</b>	<b>12/16 - 2/22/17</b>	<b>\$19,870.25</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Bank interest</b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Curt Bush v. Debtor A-17-749469-C</b>		<b>Eighth Judicial District Court Clark County Las Vegas, NV</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	<b>Aptus Telecom LLC/Talk South, Inc. v. Debtor 02-15-0002-8083</b>		<b>American Arbitration Association 1400 16th Street Suite 400 Denver, CO 80202</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>In the Matter of Network Services Solutions, LLC, Scott Madison File No. EB-IHD-15-0001913</b>	<b>Notice of apparent liability and response - petition for reconsideration</b>	<b>Federal Communications Commission</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Boys &amp; Girls Club 2680 E. 9th St. Reno, NV 89502</b>	<b>Money</b>	<b>2/2014 and 11/2015</b>	<b>\$1,100.00</b>
	Recipients relationship to debtor			
9.2.	<b>Galena High School 3600 Butch Cassidy Dr Reno, NV 89511</b>	<b>Money</b>	<b>5/2014 through 7/2016</b>	<b>\$46,959.50</b>
	Recipients relationship to debtor			
9.3.	<b>Juvenile Diabetes Research Foundation 645 Sierra Rose Dr. #106 Reno, NV 89511</b>	<b>Money</b>	<b>4/2015, 9/2016</b>	<b>\$7,270.00</b>
	Recipients relationship to debtor			
9.4.	<b>Nevada Bighorns 50 W Liberty St. #201 Reno, NV 89501</b>	<b>Money</b>	<b>4/2014, 1/2016</b>	<b>\$1,500.00</b>
	Recipients relationship to debtor			

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.5.	Nevada Rural Hospital Partners 4600 Kietzke Lane, Suite I-209 Reno, NV 89502	Money	5/2014, 5/2015	\$2,000.00
	Recipients relationship to debtor			
9.6.	Tahoe Forest Hospital PO Box 759 Truckee, CA 96160	Money	5/2014	\$1,000.00
	Recipients relationship to debtor			
9.7.	UNR Foundation 1664 N. Virginia Street Reno, NV 89557-0162	Money	7/2014, 9/2014	\$2,688.00
	Recipients relationship to debtor			
9.8.	Wolfpack Athletics 1664 N. Virginia Street Legacy Hall/MS 264 Reno, NV 89557-0110	Money	4/2015 to 7/2016	\$22,982.00
	Recipients relationship to debtor			
9.9.	Salvation Army Sageridge Angel Tree 1931 Sutro Street Reno, NV 89512	Money	12/2015	\$1,213.42
	Recipients relationship to debtor			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.



Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Hartman &amp; Hartman 510 W. Plumb Lane Suite B Reno, NV 89509</b>	<b>Attorney Fees and Filing Fee</b>	<b>February, 2017</b>	<b>\$25,000.00</b>
	Email or website address <b>notices@bankruptcyreno.com; sjj@bankruptcyreno.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. <b>10631 Professional Circle Reno, NV 89511</b>	<b>March 2010 to June 2014</b>

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**Network Services Solutions, LLC 401(k) Profit Sharing Plan**

Employer identification number of the plan

EIN: **46-3997515**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
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Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Name and address		Date of service From-To
26a.1.	<b>Jenny Smith, Controller/Office Manager Network Services Solutions, LLC 3700 Barron Way Reno, NV 89511</b>	<b>October, 2010 to present</b>
26a.2.	<b>Daniel J. Clausen, CPA PO Box 7430 Reno, NV 89510</b>	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	<b>Jenny Smith, Controller/Office Manager Network Services Solutions 3700 Barron Way Reno, NV 89511</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	<b>Western Alliance Bank 2701 E. Camelback Road #120 Phoenix, AZ 85016</b>
26d.2.	<b>Heritage Bank of Nevada 2330 South Virginia Street Reno, NV 89502</b>
26d.3.	<b>Plumas Bank 5050 Meadowood Mall Circle Reno, NV 89502</b>
26d.4.	<b>Bank of America - Merrill Lynch 401 South Virginia Street Reno, NV 89501</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the  
inventory

Date of inventory

The dollar amount and basis (cost, market,  
or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **NETWORK SERVICES SOLUTIONS, LLC**Case number (if known) **17-50309**

Name	Address	Position and nature of any interest	% of interest, if any
Scott Madison	5260 Cross Creek Lane Reno, NV 89511	Managing Member, Owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 11, 2017

/s/ Scott Madison  
Signature of individual signing on behalf of the debtor

Scott Madison  
Printed name

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**District of Nevada**

In re **NETWORK SERVICES SOLUTIONS, LLC**

Debtor(s)

Case No. **17-50309**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

For legal services, I have agreed to accept .....	\$	<u><b>25,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>25,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>
2. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]  
**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**April 11, 2017**

Date

**/s/ Jeffrey L. Hartman, Esq.****Jeffrey L. Hartman, Esq.**

Signature of Attorney

**Hartman & Hartman****510 W. Plumb Lane****Suite B****Reno, NV 89509****(775) 324-2800 Fax: (775) 324-1818****notices@bankruptcyreno.com;****sji@bankruptcyreno.com**

Name of law firm

**United States Bankruptcy Court  
District of Nevada**

In re **NETWORK SERVICES SOLUTIONS, LLC**

Debtor(s)

Case No. **17-50309**Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Scott Madison c/o Network Services Solutions, LLC 3700 Barron Way Reno, NV 89511</b>			<b>LLC membership interest, 100%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **April 11, 2017**Signature **/s/ Scott Madison  
Scott Madison**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Nevada**

In re **NETWORK SERVICES SOLUTIONS, LLC**

Debtor(s)

Case No. **17-50309**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 11, 2017**

**/s/ Scott Madison**

**Scott Madison/Managing Member**

Signer/Title